STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942911	01/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeview ALF Enterprises, Inc.	3833 SW 33rd Street Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Lakeview ALF Enterprises, Inc. The facility had deficiencies found at the time of the visit

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observation, interview and record review, the facility failed to ensure that a resident's Health Assessment Form (AHCA form 1823) was accurate and reflective of their current care needs and services, for 1 out of 2 sampled residents (Resident # 2).

The findings include:

On [redacted] a record review of Resident # 2's file revealed an admission date of [redacted] Resident #2's AHCA form 1823 dated [redacted] documented the following diagnosis: OMS, [redacted] and Debility. Record review found Resident # 2 is receiving Hospice care and Services for a diagnosis of Unspecified [redacted] and Chronic Airway Obstruction. Further review of Resident # 2's AHCA form 1823 found no indication of Hospice care and no hospice diagnosis. A review of Resident # 2's hospice file reveals a hospice care plan, hospice assessments and visitation by a hospice nurse three times a week since [redacted]

During an interview with the Administrator on [redacted] at 2 PM, she stated that a new AHCA form 1823 should have been completed for Resident # 2 indicating hospice care and hospice diagnosis; reflecting the signficant health decline. On [redacted] at 2 PM, the Administrator acknowledged the findings and stated no further documents were available for review.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 2 out of 2 residents (Resident # 1 and Resident #

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942911	01/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeview ALF Enterprises, Inc.	3833 SW 33rd Street Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

2) observed during medication pass.

The findings include:

a) Observations on [redacted] at 12:02 PM, found Resident # 1 receiving the following medications (as documented on the MOR for [redacted] 2015):: [redacted] one packet, and [redacted] At 12:02 PM, observations during assistance with self- administration of medication revealed Staff A, a Home Health Aide (HHA)/unlicensed staff , assisted Resident # 1 with self - administration of medications. Staff A sanitized her hands, put each of Resident # 1's medications in a cup, gave the medications along with a cup of water to the resident. Staff A did not state the names of the medications to Resident # 1. Staff A observed Resident # 1 take her medications and signed her Medication Observation Record (MOR).

b) Observations on [redacted] at 11:58 AM, found Resident # 2 receiving the following medications (as documented on the MOR for [redacted] 2015): : Carfate 1 gm . At 11:58 AM, observations during assistance with self- administration of medication revealed Staff A, a Home Health Aide (HHA)/unlicensed staff, assisted Resident # 2 with self - administration of medications. Staff A sanitized her hands, obtained the medication from an unsecured kitchen cabinet, put Resident # 2's medication in a cup, gave the medication along with a cup of water to the resident. Staff A did not state the name of the medication to Resident # 2. Staff A observed Resident # 2 take her medication and signed her Medication Observation Record (MOR).

During an interview on [redacted] at 12:10 PM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her error in not informing the residents of the names of the medications given to them and that all medications should be stored in a locked and secured area.

During an interview with the Administrator on [redacted] at approximately 2 PM, she acknowledged the findings.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that a staff member (Staff A), submitted an annual statement from a physician indicating the employee is free and clear of [redacted]

The findings include:

Record review of the facility personnel records revealed Staff A's hire date was [redacted] Further review of Staff A's file revealed it lacked documentation from a physician indicating the employee is free from [redacted] Review of the facility's current staffing schedule confirmed the employee is a current employee.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942911	01/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeview ALF Enterprises, Inc.	3833 SW 33rd Street Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with Administrator on at approximately 2 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on interview and record review, the Assisted Living Facility (ALF) Administrator failed to participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under section 429.52, F.S.

The findings include:

On , a record review of the Administrator's file revealed she completed core training on and completed the CORE exam on The Administrator last ALF CORE training update was completed . Further record review found 6 hours of continued education for ALFs on file for 2014 for the Administrator.

During an interview with the Administrator on at approximately 2 PM, she stated she has only completed 6 hours of continued education in topics related to assisted living and acknowledged that the requirements are to complete 12 hours every 2 years. She further stated she did not have any further documentation indicating she had completed a total of 12 hours of continuing education within the last two years as required.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings within 30 days of employment, for 1 out of 2 sampled staff record reviewed (Staff A).

The findings include:

Record review of Staff A's personnel record revealed her date of hire was . Further record review revealed Staff A's file lacked documentation indicating the employee had completed the following in-service trainings: Resident Rights, Incident Reporting and Emergency Preparedness and Evacuation.

In an interview with the Administrator on at approximately 2 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942911	01/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeview ALF Enterprises, Inc.	3833 SW 33rd Street Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview, the assisted living facility failed ensure 1 out of 2 (resident #2) sampled residents record reviewed who receive assistance with self-administration by unlicensed staff have a completed consent.

The findings include:

A record review of Resident #2's file revealed she was admitted to the facility on . . . . . Review of Resident #2's file revealed it lacked an informed consent for unlicensed staff to assist with medications. Review of Resident#2's Medication Observation Record revealed the facility's staff (unlicensed staff) is providing medication assistance to this resident daily.

During an interview with the Administrator on . . . . at 2 PM, she stated after looking through Resident #2's file, she was unable to locate it. She stated Resident #2 receives assistance with medication from unlicensed staff. On . . . . . at 2 PM, the administrator acknowledged the findings and stated no further documentation was available for review.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interview, record review and observation, the facility failed to ensure that 1 out of 2 staff members (Staff A) had a Level 2 background screening whose responsibilities may require him or her to, provide personal care or services directly to residents.

The findings include:

On , a record review of Staff A revealed a hire date of . . . . . as a home health aide. Further review of Staff A's personnel file revealed it lacked documentation of a Level II background screening result.

In an interview and record review of Staff A's file on . . . . at 12:15 PM, the file found 3 different dates of births and 3 different last names for Staff A. During an interview with Staff A, she told the surveyor what her date of birth and legal last name was and then 5 minutes later during the interview, Staff A stated a different date of birth and stated her last name changed since she was married.

On at 12:25 PM, the state surveyor called the Agency for Health Care Administration (AHCA) Background screening unit for verification of Staff A's Level II background screening results. The AHCA Background Screening Unit verified that a level II background screening was never completed for Staff A. The AHCA Background Screening Unit also stated that Staff A's social security #, names, and date of births could not be found in the system. Further online verification through AHCA Background Screening website did not find any Level II screening results for Staff A.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942911	**01/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeview ALF Enterprises, Inc.	**3833 SW 33rd Street Hollywood, FL 33023**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with the administrator on [redacted] at approximately 12:30 PM, the Administrator confirmed that there was no Level II background screening results available in Staff A's file. In an interview at 2 PM, the Administrator acknowledged the error of not having Staff A complete an AHCA Level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lakeview ALF Enterprises, Inc.
3833 SW 33rd Street
Hollywood, FL 33023

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida